

A500S Pre-Paid Plan Highlights

ANNUAL MAXIMUM

The A500S has no annual maximum dollar limitation on covered services performed by contracted providers.

CLEANINGS/PROPHYLAXIS

TDAHP charges no co-payment for adult and child cleanings. The limitation is one cleaning in a 6 month period to the date (*e.g.*, 1st cleaning January 15th, next cleaning August 15th).

However, if additional cleanings are necessary (*i.e.*, more than one cleaning in a 6 month period) they are available for an additional co-payment. Refer to your Benefit plan booklet for the exact co-payment amount (\$40 for an adult \$25 for a child).

DEDUCTIBLE

The A500S plan requires no deductible. All you are responsible for are the co-payments listed in the Benefit plan booklet for covered services performed by a contracted General dentist or contracted specialist. The listed co-payments do NOT apply to contracted Pedodontists (Pediatric dentist) or Prosthodontic Specialists.

DENTAL PROVIDERS

The following providers are contracted with TDHP's A500S plan in Yuma County:

Grace Lee 1805 W 24 th St Yuma AZ 85364 (928)726-7041	Evan Short 1025 W 24 th St Ste 8 Yuma AZ 85364 (928)314-3500	Satish Kumar 115 N Somerton Ave Somerton AZ 85350 (928)627-8806	Gregory Giordano 801 N 2 nd Ave San Luis AZ 85349 (928) 627-8584
Robert Ogie 2451 S Ave A25 Yuma AZ 85364 (928)726-9262	Gregory Giordano 115 N Somerton Ave Somerton AZ 85350 (928)627-8806	Aaron Salmon 115 N Somerton Ave Somerton AZ 85350 (928)627-8806	Martin Sobieraj 801 N 2 nd Ave San Luis AZ 85349 (928) 627-8584

EMERGENCY

You should always FIRST attempt to obtain emergency care from your Plan Provider when you are within the area served by your designated Plan Provider. If you are seeking emergency care during normal business hours and your selected Plan Provider is not accessible, you may contact TDAHP for assistance at (602) 266-1995 or 1-888-422-1995.

If your Plan Provider is not accessible or when the emergency occurs outside the area served by your Plan Provider (including out-of-state), then you should seek emergency dental care from a licensed dental health professional to control bleeding, relieve pain, including local anesthesia, or eliminate acute infection. Medications, which may be prescribed by the dentist, but must be obtained through a pharmacy, are excluded.

A written itemized statement for these services must be presented to TDAHP for reimbursement. If it is necessary to have additional follow-up treatment, it must be performed by your designated Plan Provider.

The maximum allowable reimbursement for a dental emergency by TDAHP is \$50, less any member costs which you would normally be charged for the procedure.

LABORATORY FEES

Since A500S members must see a contracted TDAHP provider, our providers have agreed, by contract, to only charge \$185 lab fee on crowns and only a \$275 lab fee on dentures and partial dentures. This is regardless of the type of material or lab used.

In addition, TDAHP pays a supplemental capitation to our contracted providers for crowns, bridges and dentures, so they are reimbursed adequately between the supplemental cap and the lab fee copayment.

On those covered services that require a copayment **and** a lab fee ("Lab"), the member is responsible for the lab fee bill; there is no contracted/specified copayment. However, as you will notice, most of those services are for repair or reline of dentures.

The member may ask the provider for a lab receipt for those covered services.

NETWORK

We have one of the largest Pre-paid dental networks in Arizona. You may review our directory on-line at www.totaldentaladmin.com or we can mail a directory to your home. You also may search for providers at www.tdadental.com.

If your current dentist is not contracted with TDAHP, you may request TDAHP to contact your provider and ask him or her to join our network. There is no guarantee your dentists will join our network, but with your assistance, he or she may join.

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If your dentist joins our network after you have enrolled, you always have the option of changing your dentist. We have found a majority of our members have found a contracted TDAHP provider they like and trust and often do not change.

ORTHODONTIA (BRACES)

The A500S Orthodontic benefit is available to adults and children and is based on a negotiated, contracted amount. There is no waiting period and no lifetime or annual maximum dollar limitations. You must visit a contracted provider, but all you will pay are the co-payments listed in your Benefit plan booklet based upon your treatment plan.

If orthodontic treatment was begun prior to enrolling with TDAHP, there will be no coverage benefit with TDAHP.

However, you may want to consider the monthly and annual cost in dental premiums you are paying and the lifetime maximum dollar benefit (if any) of your current plan and whether the savings with TDAHP would assist in paying your remaining orthodontic costs out-of-pocket on your own.

OUT-OF-NETWORK

In order to provide rich benefits and lower premiums, TDAHP and our providers must agree by contract to reduce the cost of dental care. Without an agreed upon amount, TDAHP would not be able to control its costs or premiums. Out-of-Network means non-contracted, meaning out-of-network providers (including providers outside of Arizona) do not agree to our cost containment methods, and therefore we cannot provide coverage out-of-network.

PAYMENT

You will be expected to pay the provider your co-payment responsibility for covered services at the time of service. You may bring your TDAHP A500S Benefit plan booklet to your appointment so that your provider can go over your treatment plan and what your co-payment and/or out-of-pocket will be.

TDAHP does NOT require a separate office visit co-payment, only co-payments for covered services.

If you have questions while in the provider's office, before your appointment or after your appointment, call our customer service department at 602-381-4280 or 866-921-7687.

PEDIATRIC (PEDODONTIST)

If the services of a contracted pedodontist (specialist) are used, the co-payments listed in your Benefit plan booklet do NOT apply, but you will receive a 20%-25% discount off the provider office's regular fees.

PROSTHODONTIST

If the services of a contracted specialist prosthodontist are used, the co-payments listed in your Benefit plan booklet do NOT apply, but you will receive a 20%-25% discount off the provider office's regular fees.

PRIMARY DENTAL OFFICE SELECTION

Select the general dental office you and your dependents wish to use from the enclosed Participating Provider Directory. Each participating dental facility listed in the Provider Directory has a Dental Office Code number listed to the left of the dental office. Be sure to use the **CODE** number to identify your selection on the Enrollment Form.

The provider selection may be changed each month by contacting TDAHP. If your request is made prior to the 15th of the month, your change will be effective the first (1st) of the following month. If after the 15th of the month, the change will become effective the first (1st) of next month (*e.g.*, call September 25, change effective November 1)

SPECIALTY COVERAGE

The A500S Pre-paid plan provides specialty coverage at the same co-payment you would pay your General Dentist. These are true contracted, co-payments and NOT just a discount off the provider's regular fees. Specialty procedures would include those services listed under endodontic, periodontics, and oral surgery in your Benefit plan booklet and performed by a contracted specialist. Co-payments do not increase because a specialist performs those listed procedures.